

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22882

State File No.

857

FILED AUG 13 1956 BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN Avalon | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2 | | e. STREET ADDRESS (If rural, give location) Rural | |
| 3. NAME OF DECEASED (Type or Print) MERTIE | | a. (First) E. | b. (Middle) OSGOOD |
| 4. DATE OF DEATH August 7 1956 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH June 14, 1878 | | 9. AGE (In years last birthday) 78 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Michigan | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME John Deitrich | | 13b. MOTHER'S MAIDEN NAME Emma Reid | |
| 14. NAME OF HUSBAND OR WIFE Leonard J. Osgood (Deceased) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME James Osgood | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Exhaustion ANTECEDENT CAUSES Arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Chr Brain Disease Senility | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION with Chr Brain Disease Senility | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) Avalon (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from Jan. 1, 1956, to Aug. 7, 1956, that I last saw the deceased alive on Aug. 6, 1956, and that death occurred at 1:15 m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) J. J. Thomas M.D. | | 23b. ADDRESS 1400 Mo. 7th St. Hoop No. 2 | |
| 23c. DATE SIGNED 8-7-56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 8-7-56 | | 24c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery | |
| 24d. LOCATION (City, town, or county) Avalon | | 24e. (State) Missouri | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Tina, Mo. | | 26. ADDRESS Tina, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Bennett.....

Licensed Embalmer No. 4677.....

P. O. Address St. Joseph, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.